

<b>Case Number:</b>	CM14-0012817		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	01/24/2002
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spin Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62 year old male with an injury date of 01/24/02. Per the 12/19/13 report by ■■■■■, the patient presents with dull achy lower back pain radiating to the bilateral thighs. Symptoms are aggravated by prolonged standing and relieved by lying down. Examination of the lumbar spine reveals the patient's inability to come out of flexion into neutral position and the attempt to do so causes severe bilateral leg pain. Any movement off neutral creates bilateral leg pain. There is tenderness midline at L3-L5 with localized spasm. Neurologic examination shows weakness in quadriceps bilaterally noted by inability to perform single leg knee bend, and there is absence of bilateral L4 reflexes. There are Trace S1 reflexes bilaterally with Clonus absent. The patient's diagnosis is Lumbar spinal stenosis. The provider's impression of 12/19/13 states, "Severe pain with weakness in the bilateral lower extremities secondary to L3-4 spinal stenosis. Signs and symptoms suggestive of progressive neurologic loss with inability to climb stairs due to quadriceps weakness." The utilization review being challenged is dated 01/03/14. The rationale is that a prior MRI was cited of unknown date, the study was not provided and additional information is required to support the request. One report was provided dated 12/19/13.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**LUMBAR MRI WITHOUT CONTRAST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND EDITION, TABLE 8-8, SUMMARY OF RECOMMENDATIONS AND EVIDENCE TABLE 12-8, 308-310

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI Topic

**Decision rationale:** The patient presents with "lower back pain radiating to the bilateral thighs." The provider requests for lumbar MRI with contrast. The patient presents with sleep difficulty, anxiety and depression. The provider requests for a decision for MRI lumbar spine. ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The provider states on 12/19/13 that the patient required a "new" MRI scan to determine the degree of neural compression. The assessment and plan states the patient requires epidural cortisone injection for pain management and symptom control and will require surgery to decompress the severe stenosis. The patient's surgical history shows Back surgery (date unknown). No MRI study is provided or cited. In this case, repeat MRI is apparently requested. The patient received prior back surgery on an unknown date and the provider mentions concern regarding neurocompression and progressive neurologic loss in this patient. Examination shows radicular symptoms in the patient with sensory loss. In this case, there is sufficient documentation to support the request. Therefore, this request is medically necessary.